

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: BAG-VALVE RESUSCITATION FOR
TREATMENT OF HYPOTENTION, HEAD
TRAUMA, AND CARDIAC ARREST

Attorney Docket Number:: 016354-005400US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Keith

Middle Name::

Family Name:: Lurie

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN

Country of Residence:: US

Street of Mailing Address:: 4751 Girard Avenue South

City of Mailing Address:: Minneapolis

State or Province of mailing address:: MN

Country of mailing address:: US

Postal or Zip Code of mailing address:: 55409

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Vern

Middle Name::

Family Name:: Menk

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN

Country of Residence:: US

Street of Mailing Address:: 5687 Cherry Hill Road

City of Mailing Address:: Minneapolis

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55345

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Todd
Middle Name::
Family Name:: Zielinski
Name Suffix::
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 48 27th Avenue, S.E. #203
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55409

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: W.
Family Name:: Biondi
Name Suffix::
City of Residence:: North Haven
State or Province of Residence:: CT
Country of Residence:: US
Street of Mailing Address:: 1601 Ridge Drive

City of Mailing Address:: North Haven
State or Province of mailing address:: CT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06473

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Advanced Circulatory Systems, Inc.
Street of mailing address:: 7615 Golden Triangle Drive, Suite A, Technology
Park #5
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55344